

PEDIATRIC HEART TRANSPLANT STUDY

FORM 08: 2010: Post Transplant Yearly Status Report (PG 1 of 1)

To be filled out post-transplant

ID# P

P	Institutional Code	Sequential Patient Number	Patient Initials	Tran #
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1. Date of Follow-up:
(MO | DAY | YR)

2a. Height: in cm 2b. Weight: lb kg

3. Hemodynamics: Not done Date: ___ ___ ___

AoM	RAm	PAm	PCW	C.O.	C.I.
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4. Current residence ZIP Code/Postal Code: _____

5. Patient Medical Care at time of this report: (complete a. **OR** b.)

a. Patient currently followed at our PHTS transplant center (if checked, then check one below indicating degree of care provided at PHTS center):

- All care is provided at our center (Skip to Question #6)
- Only yearly evaluation at our center, we do not follow PHTS events
If only yearly evaluation, specify date PHTS event follow-up ceased ___ ___ ___

b. Patient followed exclusively at another center: Specify date of last follow-up at your center ___ ___ ___

6. Medications:

- | | |
|---|--|
| <input type="checkbox"/> Antihypertensive | <input type="checkbox"/> Prednisone |
| <input type="checkbox"/> Antiviral prophylaxis | <input type="checkbox"/> Sirolimus (Rapamycin) |
| <input type="checkbox"/> Azathioprine (Imuran) | <input type="checkbox"/> Statin |
| <input type="checkbox"/> Cyclosporine | <input type="checkbox"/> Tacrolimus (Prograf) |
| <input type="checkbox"/> Diuretic | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> MMF (Cellcept, Myfortic) | |

7. Schooling:

- Within one grade level
- Delayed grade level
- Special education
- Not applicable, < 6 years
- Status unknown

8. Exercise Test:

- Not done
- Resting BP: ___ / ___
- HR: ___
- Max. duration: ___ min
- Max. BP: ___ / ___
- HR: ___
- % Predicted for Age: ___
- Max. VO₂ _____ ml/kg/mi

9. Additional Immunosuppressive Therapy: (Since Form 3 at 30 days post-transplant or last Form 08)

- Total Lymphoid Irrad: Total Dose ___ cGy Plasmapheresis Photopheresis Other: _____

10. Primary Insurance: (check one)

- Medicaid (State HMO) Other Gov Private Self Donation Free Other _____

11. Laboratory: Date performed, (nearest this report due date): ___ ___ ___ (Print "NA" in spaces if not done)

Was lipid profile fasting: Yes No

Bili Total	Bili Direct	AST	ALT	BNP	CRP	Creat.	BUN/urea
T Protein	S Album	Cholesterol	TG	LDL	HDL	VLDL	

12. Glomerular filtration rate (GFR)

12a. Method (check one): Not Done (Skip to #13) Nuclear medicine scan 12 or 24 hour urine collection
 Calculated, specify method _____

12b. Result _____

13. Viral Studies: 13a. CMV Serology: Pos Neg NA CMV PCR: Pos Neg NA Quant _____ DNA copies/mL

13b. EBV Serology: Pos Neg NA EBV PCR: Pos Neg NA Quant _____ DNA copies/mL

14. Events: (since transplant or last Form 08)

- | | | |
|---|---|---|
| Coronary Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Form 04</i> | Coronary Revascularization <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Form 09</i> | Dialysis
<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Form 14</i> |
| Rejection <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Form 05</i> | Death <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Form 10</i> | Renal Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Form 14</i> |
| Infection <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Form 06</i> | Retransplantation <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Forms 01T, 02, 03, and 11</i> | Diabetes req. insulin <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Malignancy/LPD <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete Form 07</i> | | Other major events, specify: _____ |

Person completing this form: _____

Date original form mailed (do not send copy) _____

PRINT IN BLACK INK ONLY. USE THIS FORM FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2010